

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

**FILED**  
**JUL 08 2015**  
 KRIS W. KOBACH  
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name  
*CENTRAL KANSAS PROGRESSIVES Political Action Committee*

Mailing Address (Street, City, State, Zip Code) Business Telephone  
*632 N. 7th, LINCOLN, KS, 67456 (785) 227-2279*

CHAIRPERSON

Name Home Telephone  
*Eugene Baber (785) 227-2279*

Mailing Address (Street, City, State, Zip Code) Business Telephone  
*632 N. 7th LINCOLN, KS 67456*

TREASURER

Name Home Telephone  
*DOUNA ZERGER (620) 345-3103*

Mailing Address (Street, City, State, Zip Code) Business Telephone  
*944 18th Ave., McPherson, KS 67460 (620) 345-9843*

AFFILIATED OR CONNECTED ORGANIZATIONS

Name  
*CENTRAL KANSAS PROGRESSIVES, TERRY KAHER, Pres.*

Mailing Address (Street, City, State, Zip Code)  
*50 1/2 S. MAIN McPHERSON, KS 67460*

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

SIGNATURE:

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

*July 17, 2015* (Date)  
*Eugene Baber* (Signature of Chairperson)